



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
Commissioner for Patents  
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**Fax** (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

12/16/2002

STEVEN I WEISBURD  
OSTROLENK FABER GERB & SOFFEN LLP  
1180 AVENUE OF THE AMERICAS  
NEW YORK, NY 100368403

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Max Moskowitz (Depositor's name)  
*[Signature]* (Signature)  
February 26, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/370,659	08/06/1999	MASAKAZU HIGUMA	P/16-223	8331

TITLE OF INVENTION: ENDOSCOPE CAPABLE OF BEING AUTOCLAVED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1200</del> 1300	\$0	<del>\$1200</del> 1300	03/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULCAHY, JOHN M	3739	600-133000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. OSTROLENK, FABER, GERB & SOFFEN, LLP  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

OLYMPUS OPTICAL CO., LTD.

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10-830 00

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(Authorized Signature) Max Moskowitz (Date) 2/26/03  
Reg.No. 30,576

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03/05/2003 NGBREME 00000092 09370659

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